Complete Summary

TITLE

Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period.

SOURCE(S)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial and pharmacologic treatment options for opioid addiction within the 12 month reporting period.

RATIONALE

Methadone and buprenorphine, in combination with psychosocial treatment, are effective in reducing drug use and supporting treatment retention. Until recently, their use had been limited due to regulatory requirements with capacity at approved facilities only able to meet the treatment needs of 15% of opioid

dependent individuals. While the increased access to opioid agonist treatments has resulted in an increase in their use, a large number of clinicians have yet to gain eligibility to prescribe the appropriate medications. Moreover, among physicians with waivers to prescribe buprenorphine, 33% were not actively prescribing. Pharmacotherapy and psychosocial treatment should be routinely considered for all patients with opioid addiction, and patients should be informed of this option.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses. (National Quality Forum [NQF])

Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support. (NQF)

Maintenance treatment with methadone or buprenorphine is appropriate for patients with a prolonged history (greater than 1 year) of opioid dependence. (American Psychiatric Association [APA])

Maintenance treatment with naltrexone is an alternative strategy, although the utility of this strategy is often limited by lack of patient adherence and low treatment retention. (APA)

Psychosocial treatments are effective components of a comprehensive treatment plan for patients with an opioid use disorder. Behavioral therapies (e.g., contingency management), cognitive behavioral therapies (CBTs), psychodynamic psychotherapy, and group and family therapies have been found to be effective for some patients with an opioid use disorder. (APA)

Note: Federal and state regulations govern the use of methadone, levo-alpha-acetylmethadol (LAAM), and buprenorphine, the three opioids approved by the FDA for the treatment of opioid dependence. (APA) [*Note: since the publication of the APA practice guideline, LAAM is no longer available in the United States for agonist maintenance treatment*.]

The American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine issued a consensus statement to recognize and recommend definitions related to the use of opioids for the treatment of pain. They are as follows:

Addiction: Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

Physical Dependence: Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

Tolerance: Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

Addiction in the context of pain treatment with opioids is characterized by a persistent pattern of opioid misuse that may involve any or all of the following:

- Use of prescription opioids in an unapproved or inappropriate manner (such as cutting time-release preparations, injecting oral formulations, and applying fentanyl topical patches to oral or rectal mucosa)
- Obtaining opioids outside of medical settings
- Concurrent abuse of alcohol or illicit drugs

- Repeated requests for dose increases or early refills, despite the presence of adequate analgesia
- Multiple episodes of prescription "loss"
- Repeatedly seeking prescriptions from other clinicians or from emergency rooms without informing prescriber, or after warnings to desist
- Evidence of deterioration in the ability to function at work, in the family, or socially, which appears to be related to drug use
- Repeated resistance to changes in therapy despite clear evidence of adverse physical or psychological effects from the drug
- Positive urine drug screen—other substance use (cocaine, opioids, amphetamines or alcohol)
- Meets DSM IV criteria for dependence on opioids (VA/DoD)

PRIMARY CLINICAL COMPONENT

Opioid addiction; counseling; psychosocial and pharmacologic treatment

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of current opioid addiction (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- VA/DoD clinical practice guideline for the management of opioid therapy for chronic pain.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Merrill JO. Policy progress for physician treatment of opiate addiction. J Gen Intern Med2002 May;17(5):361-8. PubMed

Substance Abuse and Mental Health Services Administration. The determinations report: a report on the Physician Waiver Program established by the Drug Addiction Treatment Act of 2000 (DATA). Rockville (MD): Substance Abuse and Mental Health Services Administration; 2006 Mar 30. 8 p. [4 references]

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Physician Group Practices/Clinics
Substance Use Treatment Programs/Centers

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of current opioid addiction

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged 18 years and older with a diagnosis of current opioid addiction*

*The term "opioid addiction" in this context corresponds to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) classification of opioid dependence that is characterized by a maladaptive pattern of substance use causing clinically significant impairment or distress, and manifesting by 3 (or more) of the 7 designated criteria. This classification is distinct from and not to be confused with physical dependence (i.e., tolerance and withdrawal) that is commonly experienced by patients with chronic pain who are treated with opioid analgesics.

Refer to the "Rationale" field for additional information regarding this distinction.

Exclusions
Patients may be excluded from the denominator for medical, patient or system reasons. Refer to the original measure documentation for details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: counseling regarding psychosocial and pharmacologic treatment options for opioid addiction.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Substance Use Disorders Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Psychiatric Association, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

DEVELOPER

American Psychiatric Association
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Psychiatric Association (APA), Physician Consortium for Performance Improvement® (PCPI), National Committee for Quality Assurance (NCQA). Substance use disorders physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jul. 22 p. [11 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Opioid Addiction," is published in the "Substance Use Disorders Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on November 3, 2008. The information was verified by the measure developer on December 4, 2008.

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